

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. John Cremer	<i>[Signature]</i>	Street: 3102 3 mile rd. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)		
2. THOMAS ABBOTT	<i>[Signature]</i>	Street: 1223 ERIE ST City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)		
3. Edward Brachowski	<i>[Signature]</i>	Street: 2720 Wexford Rd City: Mt Pleasant Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	11/16/2011 (Month) (Day) (Year)		
4. Jeanne Steeves	<i>[Signature]</i>	Street: 1219 N Sunnyslope Dr #102 City: RACINE Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/16/2011 (Month) (Day) (Year)		
5. RAY STEEVES	<i>[Signature]</i>	Street: 1219 N. Sunnyslope Dr #102 City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/16/2011 (Month) (Day) (Year)		
6. JOYCE KENNA	<i>[Signature]</i>	Street: 245 ISLAND AV City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)		
7. Helen Bodnar	<i>[Signature]</i>	Street: 1243 N. Sunnyslope City: Mt Pleasant Zip: 53406	<input checked="" type="checkbox"/> Town C.D. <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)		
8. JOSEPHINE LETTSOME	<i>[Signature]</i>	Street: 455 Quail Pt. Dr. 53406 City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town C.D. <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/16/2011 (Month) (Day) (Year)		
9. JOHN R. LETTSOME	<i>[Signature]</i>	Street: 455 Quail Pt. Dr. City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town C.D. <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)		
10. Patricia Kueger	<i>[Signature]</i>	Street: 1111 Oregon St. City: Racine, Wi. Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)		

Certification of Circulator

I, Cheryl DAVIS, (certify): I reside at 4321 Lindermann AVE Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Cheryl Davis
(Signature of Circulator)

Page No. (Official Use Only)

1351

Circulators

Phone

Email

K2913

10

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. RANDOL RHANSEN	<i>[Signature]</i>	Street: 3331 GREEN MEADOWS LN City: VILLAGE of ELWOOD PARK Zip: 53465	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ELWOOD PARK	11/15/2011 (Month) (Day) (Year)	Email rhan Phone ()
2. Jewell Mayfield	<i>[Signature]</i>	Street: 1037 Davis Place City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. BRENDA SALLEE	<i>[Signature]</i>	Street: 4728 BYRD AVE. City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Catherine S Johnson	<i>[Signature]</i>	Street: 1504 Deane Blvd City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. SHAWN SALLIE	<i>[Signature]</i>	Street: 4727 INDIAN HILL DR. City: MT. PLEASANT Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. Rose Phyfer	<i>[Signature]</i>	Street: 948 Marquette St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Rose Phone (262)
7. WALTER J. ALLAN	<i>[Signature]</i>	Street: 5530 OLD OAK LAKE City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Dennis LaCanne	<i>[Signature]</i>	Street: 1619 ECNO LAKE City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. John Hutchinson	<i>[Signature]</i>	Street: 3606 Sheridan Rd City: RACINE Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. CHRISTINE LONG	<i>[Signature]</i>	Street: 10 QUEENS CT. City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, CAROL Forbes, (certify): I reside at 4120 20th St RACINE 53405 City of Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1352

Circulators
Phone
Email

K28

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. HAZEL DICKFOSS	<i>Hazel Dickfoss</i>	Street: 2115 RAMADA DR City: MT PLEASANT Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT PLEASANT <input type="checkbox"/> City	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
2. SHEILA R. BLADA	<i>Sheila R. Blada</i>	Street: 3409 ST. CLAIR ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
3. Maurice Blada	<i>Maurice Blada</i>	Street: 3409 ST. CLAIR ST. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
4. LES LEE R. LUCARELI	<i>Les Lee R. Lucard.</i>	Street: 1708 MERCURY CIRCLE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
5. SIRENA M. CHAPMAN	<i>Sirena M. Chapman</i>	Street: 9010 Chandler Ave. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone (414) 53401
6. William E. Chapman	<i>William E. Chapman</i>	Street: 9010 Chandler Ave City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone (414) 414
7. Helene M Hellesuo	<i>Helene M Hellesuo</i>	Street: 1233 Layard Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
8. CARL ERKANBER	<i>Carl Erkanber</i>	Street: 1910 SATURN AVE City: RACINE Zip: 53407	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
9. Thomas D. Diebold	<i>Thomas D Diebold</i>	Street: 2415 18th ST City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone ()
10. RONALD F DLOBIK	<i>Ronald F Dlobik</i>	Street: 6535 SPRING MEADOW LN City: MT. PLEASANT Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone (262) 262

Certification of Circulator

I, Carol Forbes, (certify): I reside at 4120 90th St Racine 53405 City of Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Carol E Forbes
(Signature of Circulator)

Page No. (Official Use Only)

1353

Circulator

Phone

Email

car

K

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email
1. JUPITH A. DLOBIK	<i>Jupith A. Dlobik</i>	Street: 6535 SPRING MEADOW City: MT. PLEASANT Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant CF	11/15/2011 (Month) (Day) (Year)	SWIVE
2. Patricia Vesnufsky	<i>Patricia Vesnufsky</i>	Street: 3522 Mercury Lane City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/15/2011 (Month) (Day) (Year)	
3. LeRoy Vesnufsky	<i>LeRoy Vesnufsky</i>	Street: 3522 Mercury Lane City: Racine Zip: 401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/15/2011 (Month) (Day) (Year)	
4. Wendy Sorenson	<i>Wendy Sorenson</i>	Street: 214 E. Four Mile Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Winn Point	11/15/2011 (Month) (Day) (Year)	
5. Brendal Gaspar	<i>Brendal Gaspar</i>	Street: 5332 Taylor Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/15/2011 (Month) (Day) (Year)	
6. Douglas Mahnke	<i>Douglas L. Mahnke</i>	Street: 2620 LAWN ST. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	
7. Janice Petrakis	<i>Janice Petrakis</i>	Street: 116 Echo Ln City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	
8. Gus T. Petrakis	<i>Gus Petrakis</i>	Street: 116 Echo Ln. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	
9. ARTHUR DOMSKY	<i>Arthur Domskey</i>	Street: 711 Lombard Ave. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	
10. Susan Janacky	<i>Susan Janacky</i>	Street: 2128 Carlisle Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	

Certification of Circulator

I, CAROL FORBES, (certify): I reside at 4120 2nd St Racine 53405 City of RACINE
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Carol G. Forbes
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

1354

Circulators

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jason Barrett	<i>Jason E Barrett</i>	Street: 2832 Virginia St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Kristi Barrett	<i>Kristi Barrett</i>	Street: 2832 Virginia St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Daniel Kelley	<i>Dan Kelley</i>	Street: 5836 Independence Rd City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Ann Kelley	<i>Ann Kelley</i>	Street: 5836 Independence Rd City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. CARA PFEIFFER	<i>Cara Pfeiffer</i>	Street: 5418 FOUR MILE RD City: R. CALEDONIA Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Anthony Arndt, (certify): I reside at 2403 Mitchell St. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Anthony Arndt
(Signature of Circulator)

Page No. (Official Use Only)
 # 1355

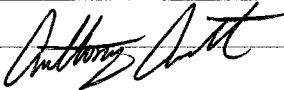
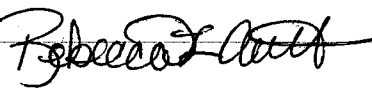

Circulators
 Phone
 Email

K29

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

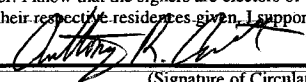
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Anthony Arndt		Street: 2403 Mitchell St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Email: garndt@racine.edu
2. Rebecca Arndt		Street: 2403 Mitchell St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Phone: ()
3. 		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()

Certification of Circulator

I, Anthony Arndt, (certify): I reside at 2403 Mitchell St. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.


(Signature of Circulator)

11 / 16 / 2011
(Month) (Day) (Year)

Page No. (Official Use Only)
 # 1356

Circulators:
 Phone: ()
 Email: ()

K2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Ronald Morales	<i>Ronald Morales</i>	Street: 2007 Clark St City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone
2. RICHARD J. GRUNEWALD	<i>Richard J. Grunewald</i>	Street: 1817 DOUGLAS AVE #9 City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone (414)
3. April Bunch	<i>April R. Bunch</i>	Street: 1445 S. Emmertsen # City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Mary Bryant	<i>Mary Bryant</i>	Street: 1026 Berkeley DR City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Silvia Avila	<i>Silvia Avila</i>	Street: 2701 Douglas Ave. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262)
6. Efte Blue	<i>Efte Blue</i>	Street: 812-12th St m City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Dominique Meeks	<i>Dominique Meeks</i>	Street: 512 12th St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Christina Duvarack	<i>Christina Duvarack</i>	Street: 1225 Bluff Ct City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262)
9. Walter Hamilton	<i>Walter Hamilton</i>	Street: 2306 Jacato Dr # City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Maria Morales De Juarez, (certify): I reside at 952 N. Memoria / Dr. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011 Maria Morales De Juarez
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1357

K2924

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Aaron Rivero		Street: 1217 Kewauwee St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (62)
2. Camila Gomez		Street: 1117 Marquette City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (62)
3. Feroz Avila		Street: 952 1/2 N Memorial Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Veronica Avila		Street: 952 N. Memorial Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (262)
5. Vanessa Tellez		Street: 5200 Kinzie Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (262)
6. Thomas R. Avila		Street: 952 N. Memorial Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (262)
7. Rosa Garibay		Street: 510 Barker St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone (262)
8. Santos Luevano		Street: 4000 Maryland City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Francisca Morales		Street: 508 Barker City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Natividad Morales		Street: 2007 Clark St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Maria Morales De Juarez, (certify): I reside at 952 N. Memorial Dr. Racine
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 12011
 (Month) (Day) (Year)

Maria Morales De Juarez
 (Signature of Circulator)

Page No. (Official Use Only)
 # 1358

Circulator
 Phone
 Email

K2924-2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1.		Street: 1629 maple st upper	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/14/2011 (Month) (Day) (Year)	Email Phone
Xionaida Ruiz	Xionaida Ruiz	City: Racine Zip: 53404			
2.		Street: 1535 CARLISLE Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
Walter McDougall	Walter McDougall	City: Racine WI Zip: 53404			
3.		Street: 4940 Chester Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/14/2011 (Month) (Day) (Year)	Email Phone
Mary Edwards	Mary Edwards	City: Racine Zip: 53402			
4.		Street: 1207 Erie Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/14/2011 (Month) (Day) (Year)	Email Phone
Angelika Shaw	Angelika Shaw	City: Racine, WI Zip: 53402			
5.		Street: 1322 Silent Sunday Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone
Giovanni Delugo	Giovanni Delugo	City: Racine Zip: 53402			
6.		Street: 1805 State St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/14/2011 (Month) (Day) (Year)	Email Phone
Odilia Garcia	O. Garcia	City: Racine Zip: 53404			
7.		Street: 1805 state st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
Stewen Ahart	Stewen Ahart	City: Racine Zip: 53404			
8.		Street: 1714 SHOOP ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone
RON HANSEN	Ronald R. Hansen	City: RACINE, WI Zip: 53404			
9.		Street: 1130 Carlisle Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
CARL MEYERS	Carl Meyers	City: Racine WI Zip: 04			
10.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
		City:			

Certification of Circulator

I, Joseph R Cushing, (certify): I reside at 4045 Sheridan Rd MT Pleasant
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
 (Month) (Day) (Year)

Joseph R Cushing
 (Signature of Circulator)

Page No. (Official Use Only)
 # 1359

Circulators
 Phone
 Email

K

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Hendria Ellis	<i>Hendria Ellis</i>	Street: 1536 Taylor Ave City: Racine Zip: 53907	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Zach Tessmer	<i>Zach Tessmer</i>	Street: 1812 Blake Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Jay Benz	<i>Jay Benz</i>	Street: 1240 Walton Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Sarajeen Mahet	<i>S Mahet</i>	Street: 2049 Quincy Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Freddie King	<i>Freddie King</i>	Street: 2408 Jacato #214 City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. Breton Allen	<i>Breton Allen</i>	Street: 1112 18th Street City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. Larry Mack	<i>Larry Mack</i>	Street: 2100 Raymundo Ave Apt 2 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Kim Toutant	<i>Kim Toutant</i>	Street: 1632 Ellis Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Bernice Goodwin	<i>Bernice Goodwin</i>	Street: 1817 Douglas Ave City: Racine Zip: 53400	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Autumn Esparza	<i>Autumn Esparza</i>	Street: 741 Villa St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joseph R Cushing (Name of Circulator), (certify): I reside at 4045 Sheridan Rd (Circulator's Residence - Street name and Number) MT Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Joseph R Cushing

(Signature of Circulator)

Page No. (Official Use Only)

1360

Circulators, please

Phone

Email

(262)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Chad Emmons</u> Sign: <u>[Signature]</u>	Street: <u>1430 S Emmertsen Rd</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. Pleasant</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
2. Print: <u>Tom McMahon</u> Sign: <u>[Signature]</u>	Street: <u>4029 Southwood Dr.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20__</u> <small>(Month) (Day) (Year)</small>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20__</u> <small>(Month) (Day) (Year)</small>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20__</u> <small>(Month) (Day) (Year)</small>

I, Brenda Olmstead (Printed Name of Circulator) certify: I reside at 8007 Dunklewood Rd (Circulator's Residence - Street Name and Number)

Caledonia
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
 # 1361

K2949-1

Return

Comm
PO Bo
Madiso

Circulator
Please include

Phone
(26)

Email
bren

2/2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Brenda Olmstead</u> Sign: <u>[Signature]</u>	Street: <u>8207 Dunkelow Rd</u> City: <u>Franksville</u> Zip: <u>53126</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
2. Print: <u>Steven John Fausek</u> Sign: <u>[Signature]</u>	Street: <u>813 Florence Ave.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
3. Print: <u>Craig Earl Sheppard</u> Sign: <u>[Signature]</u>	Street: <u>17604 Plank Rd</u> City: <u>Union Grove</u> Zip: <u>53182</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Yorkville</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
4. Print: <u>Kristin Althoff</u> Sign: <u>[Signature]</u>	Street: <u>7240 Mariner Dr. #6</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
5. Print: <u>William Marow</u> Sign: <u>[Signature]</u>	Street: <u>1220 CARLTON DR</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>

I, Brenda Olmstead, (certify): I reside at 8207 Dunkelow Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
 # 1362

K2949-2 5/5


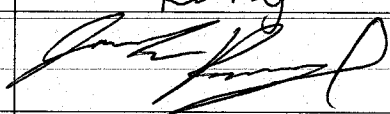
Return
Comm
PO Bo
Madiso

Circulator
Please include
Phone
26
Email
bre

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. <u>BOWEN M. FRACKNOW</u>		Street: <u>2709 KENTUCKY ST.</u> City: <u>RACINE, WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	<u>fracknow@procom.com</u> Phone: <u>(762) 268-1111</u>
2. <u>Mark G. Lauterberg</u>	<u>Mark G. Lauterberg</u>	Street: <u>6451 Hwy H</u> City: <u>Caledonia</u> Zip: <u>53108</u>	<input checked="" type="checkbox"/> Town <u>98M</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
3. <u>Norman Wilson Jr</u>	<u>Norman Wilson Jr</u>	Street: <u>2202 Cleveland Ave</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
4. <u>Patrick D Sullivan</u>	<u>Patrick D Sullivan</u>	Street: <u>1123 Jefferson St.</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
5. <u>Amanda King</u>	<u>Amanda King</u>	Street: <u>1706 Blake Ave</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
6. <u>Jacob Range</u>		Street: <u>4312 17th St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
7. <u>Kyle Mickelson</u>	<u>Kyle Mickelson</u>	Street: <u>2313 Shoop Street</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: ()

Certification of Circulator

I, ERIC L. MOHR, (certify): I reside at 2313 Shoop St R Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Eric L. Mohr
(Signature of Circulator)

Page No. (Official Use Only)
 # 1363

Circulators

Phone

Email

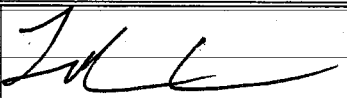
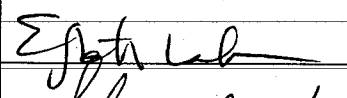
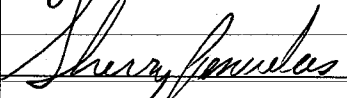
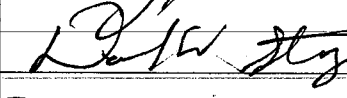
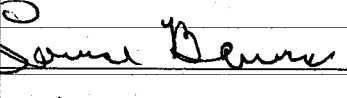
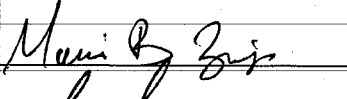
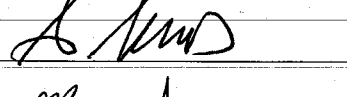
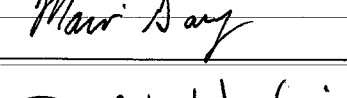
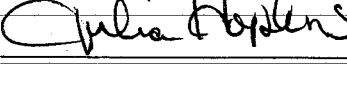
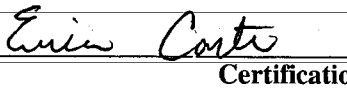
VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

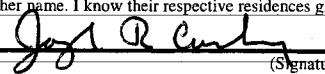
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Tobias Connor		Street: 1845 Shoop St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Elizabeth Walker		Street: 730 Indiana Street City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Sherry Poulos		Street: 1912 DeKoven City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. David Steward		Street: Mount Pleasant St City: Racine Zip: 53409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Louise Barrera		Street: 1740 W. Main Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caladonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. Mario B Zonis		Street: 1523 N Wisconsin St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. Steve Skarnas		Street: 1007 Yout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Marvin Gary		Street: 1128 Irving Pl City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Julia Hopkins		Street: 2221 Green St. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. ERICA CARTER		Street: 1128 IRVING City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joseph R Cushing, (certify): I reside at 4045 Sheridan Rd MT Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

1364

Circulators, please include

Phone

Email

K2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. BRIAN SINNER	<i>Brian Sinner</i>	Street: 3444 MORRIS ST City: FRANKSVILLE WI Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Rodney Miller	<i>Rodney Miller</i>	Street: 4812 Lora St. City: RACINE WIS Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. BLAINE PFEFFER	<i>Blaine A. Pfeffer</i>	Street: 7624 DUNKLOW RD. City: FRANKSVILLE WI. Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. GARY PELKY JR	<i>Gary Pelky JR</i>	Street: 4726 Charles ST City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Julie Taleck	<i>Julie A. Taleck</i>	Street: 5719 Eagle Point Dr. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Emily Pelky, (certify): I reside at 4745 Tanglewood ave. Caledonia.
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Emily Pelky
(Signature of Circulator)

Page No. (Official Use Only)
 # 1365

Circulators
 Phone
 Email

K29

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Alice Joncas	<i>Alice Joncas</i>	Street: 3621-5 mile Rd. Apt. D City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. ALICE JONCAS	<i>Robert Joncas</i>	Street: 3621-5 mile Rd. Apt-D City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Timothy A. Baumann	<i>Timothy A Baumann</i>	Street: 5815 Nicholson Rd. City: Franksville Zip: 53124	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. TOM HERZKE	<i>TOM HERZKE</i>	Street: 5717 NORWAY DR City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Tony Gracetta	<i>Ty J. Gracetta</i>	Street: 2421 BEBECCA DR. City: RACINE, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. William JACOBY	<i>W. Jacoby</i>	Street: 3440 HED AR City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. John Baumann	<i>John Baumann</i>	Street: 6126 Nicholson RD City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Jerome S. Luening	<i>Jerome S. Luening</i>	Street: 13237 7-Mile Rd City: Caledonia Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Len Prochaska	<i>Len Prochaska</i>	Street: 7203 Lone Elm Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Todd A. Ripley	<i>Todd A. Ripley</i>	Street: 6358 Nature Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Emily Pelky, (certify): I reside at 4745 Tangelwood Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 14 120 11
(Month) (Day) (Year)

Emily Pelky
(Signature of Circulator)

Page No. (Official Use Only)
 # 1366

Circulator

Phone

Email

K2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. ELSIE KANNENBERG	<i>Elsie Kannenberg</i>	Street: 3719 Ruby Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
2. ANITA ROSENBERG	<i>Anita Rosenberg</i>	Street: 5904 Middle Rd. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
3. VIRGINIA BUNKOWSKIE	<i>Virginia Bunkowska</i>	Street: Racine 53402 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
4. DONALD JOHNSON	<i>Donald Johnson</i>	Street: 827 Berkeley Dr. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
5. CHARLOTTE BROWN	<i>Charlotte Brown</i>	Street: 3919 Ruby Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
6. WANDA M. PIRK	<i>Wanda M. Pirk</i>	Street: 3919 Ruby Ave. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
7. Joyce Rohner	<i>Joyce Rohner</i>	Street: 3919 Ruby Ave City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
8. Mary Madden	<i>Mary Madden</i>	Street: 3919 Ruby Ave City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
9. VIRGINIA KLUS	<i>Virginia Klus</i>	Street: 3919 Ruby Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	
10. Christine Johnson	<i>Christine Johnson</i>	Street: 3919 Ruby Ave City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Emily Pelky, (certify): I reside at 4745 Tanglewood Ave Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Emily Pelky
(Signature of Circulator)

Page No. (Official Use Only)
 # 1367

Circulators

Phone

Email

K2

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>William Lawrence</u> Sign: <u>William Lawrence</u>	Street: <u>21200 RATZKA LANE</u> City: <u>Union Grove</u> Zip: <u>53182</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NORWAY</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>262</u>
2. Print: <u>JAMES S. COLESMITH</u> Sign: <u>James S. Cole</u>	Street: <u>1115 43</u> City: <u>CALEDONIA</u> Zip: <u>53108</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RAYMOND</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: <u>(</u>

I, Marcia Cole Smith (Printed Name of Circulator) certify: I reside at 1115 43rd St. (Circulator's Residence - Street Name and Number) Town of Raymond (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011 (Month) (Day) (Year) Marcia Cole Smith (Signature of Circulator)

Page No. (Official Use Only)
1368

Circulators.
Please include your contact information.
Phone:
Email: mcsmith

K 3005-

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Chris Antinucci</u> Sign: <u>[Signature]</u>	Street: <u>1525 Grove Ave</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
2. Print: <u>Sheila Birkholz</u> Sign: <u>[Signature]</u>	Street: <u>1717- Flett Ave</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
3. Print: <u>Ernest Koeller</u> <u>ERNEST KOELLER</u> Sign: <u>[Signature]</u>	Street: <u>5314 16TH ST.</u> <u>RACINE</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
4. Print: <u>Ronald Kroll</u> Sign: <u>Ronald Kroll</u>	Street: <u>3825 Sheridan Rd</u> City: <u>MT. Pleasant</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT. Pleasant</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>()</u>

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
 # 1369

Circulators,
Please include your contact information

Phone:
(262)
Email:

K2974-1

4/4

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Joe Berranco</u> Sign: <u>Joe Berranco</u>	Street: <u>3821 Southwood Dr</u> City: <u>Recine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Recine</u> (Municipality Name)	<u>11/20/11</u> (Month) (Day) (Year)	Email: _____ Phone: _____ (_____)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____ (_____)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____ (_____)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____ (_____)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____ (_____)

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD CALEDONIA
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
 (Month) (Day) (Year)

[Signature]
 (Signature of Circulator)

Page No. (Official Use Only)
 # 1370

Circulators,
 Please include your contact information

Phone: _____
 Email: _____
(262)

K2974-2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CON
1. Print: <u>Paul Trudeau</u> Sign: <u>Paul H Trudeau</u>	Street: <u>1305 51st ST</u> City: <u>Raymond</u> Zip: <u>53108-9727</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Raymond</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(262)</u>
2. Print: <u>STEPHAN REKHEL</u> Sign: <u>Stephan Rekhe</u>	Street: <u>12024 4 MILE RD.</u> City: <u>CALEDONIA</u> Zip: <u>53126</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>CALEDONIA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(262)</u>
3. Print: <u>ELYNICE CARLSON</u> Sign: <u>Elynice Carlson</u>	Street: <u>1100 Fountain Hills Dr APT 1310</u> City: <u>MT. PLEASANT</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. PLEASANT</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(456)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 20 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1371

Circulators.
Please include your co

Phone
(262)
Email

K2974-3

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Leanne Knecht</u> Sign: <u>[Signature]</u>	Street: <u>2037 LeSalle St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>1st-Lea</u> Phone <u>(262)</u>
2. Print: <u>BREON NORTON</u> Sign: <u>Breon Norton</u>	Street: <u>926 Superior</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(262)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, JEFF VASSA (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1372

Circulators,
Please include your contact information

Phone
(262)
Email

K2974-4

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Kaulilah Young</u> Sign: <u>Kaniel Jay</u>	Street: <u>2826 Russet St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Kauli</u> Phone: <u>(862)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20____ (Month) (Day) (Year)	Email: _____ Phone: (____) _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20____ (Month) (Day) (Year)	Email: _____ Phone: (____) _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20____ (Month) (Day) (Year)	Email: _____ Phone: (____) _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20____ (Month) (Day) (Year)	Email: _____ Phone: (____) _____

Certification of Circulator

I, JEFF VASSA, (certify): I reside at 2115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Jeff Vassa
(Signature of Circulator)

Page No. (Official Use Only)
1373

Circulators.
Please include your contact information.

Phone: _____
(____) _____
Email: _____

K2974-5

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Alex Rott</u> Sign: <u>[Signature]</u>	Street: <u>2200 Washington Ave #39</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(262) _____</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>() _____</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>() _____</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>() _____</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>() _____</u>

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CALEDONIA
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 120 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1374

Circulators,
Please include your contact information

Phone: (262) _____
 Email: _____

K2974

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>YASIN MAHDI</u> Sign: <u>[Signature]</u>	Street: <u>1200 GRAND AVE</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(262)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, JEFF KOSSH (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1325

Circulators,
Please include your contact information

Phone:
(262)
Email:

K2974

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>MICHAEL R Conley</u> Sign: <u>[Signature]</u>	Street: <u>12 S. GREENBAY RD</u> City: <u>MT. PLEASANT</u> Zip: <u>53906</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT. PLEASANT</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
2. Print: <u>DAVID L. CARLSON</u> Sign: <u>[Signature]</u>	Street: <u>259 WICKHAM BLVD.</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
3. Print: <u>TERRI SEXTON</u> Sign: <u>[Signature]</u>	Street: <u>1011 S. BRITTON RD</u> City: <u>DOVER</u> Zip: <u>53182</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DOVER</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Quaker @ G</u> Phone: <u>(262)</u>
4. Print: <u>Karen Z. Tykkila</u> Sign: <u>Karen Z. Tykkila</u>	Street: <u>3225 Sheridan Rd.</u> City: <u>Mt. Pleasant</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>()</u>

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1376

Circulators,
Please include your contact information

Phone:
Email:
(262)

K2974-8

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Gertrude Drews	<i>Gertrude Drews</i>	Street: 2010 Green St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone 262
2. Deneal Ericksen	<i>Deneal Ericksen</i>	Street: 3308 56th Ave #204 City: Kenosha Zip: 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone deneal.eri (262)
3. Katherine J Tyburski	<i>Katherine J Tyburski</i>	Street: 9340 Florence Dr City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262)
4. SHENELLE WATERS	<i>Shenelle Waters</i>	Street: 2418 Loraine Avenue City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262)
5. CAROL M. FUNK	<i>Carol M. Funk</i>	Street: 4300 N. MAIN ST. City: RACINE Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Chris Voss	<i>Chris Voss</i>	Street: 3602 Nounen Rd City: Racine Zip: 53401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Eugene Todd Nelson	<i>Eugene Todd Nelson</i>	Street: 1708 Secretariat La. City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone tne (262)
8. SUSIE MATT	<i>Susie Matt</i>	Street: 1110 Prospect Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262)
9. Carrie B Bell	<i>Carrie B. Bell</i>	Street: 1313 Frederick St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262)
10. Melissa Turner	<i>Melissa Turner</i>	Street: 1104 Layard Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone same (262)

Certification of Circulator

I, Kathleen Laru, (certify): I reside at 720 Cleveland Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 120 / 11
(Month) (Day) (Year)

Kathleen Laru
(Signature of Circulator)

Page No. (Official Use Only)

1377

Circulators

Phone

Email

#

K3

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Troy W Schmiedt	<i>Troy W Schmiedt</i>	Street: 1910 Kremer Ave City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 90
2. Heather Kras	<i>Heather Kras</i>	Street: 3341 Indiana St City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Michael R Cherney	<i>Michael R Cherney</i>	Street: 908 Echo Ln. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 7
4. Jill D. Pribuz	<i>Jill D. Pribuz</i>	Street: 1431 ISABELLE AVE City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 68
5. ROBERT J. KELLEY	<i>Robert J. Kelley</i>	Street: 5650 PARK RIDGE DRIVE City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
6. TOM FRISO	<i>Tom Friso</i>	Street: 5402 WEST MORE DR. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. CHESTER H. MELCHER	<i>Chester H Melcher</i>	Street: 744 SUNNYVIEW DRIVE City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 63
8. Patricia Jones	<i>Patricia Jones</i>	Street: 2300 GUSTO DRIVE City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 85
9. JOAN M. CLARK	<i>Joan M Clark</i>	Street: 3634 Douglas Ave. #704 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
10. Blake Zick	<i>Blake Zick</i>	Street: 8504 Trudeau Trce City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, KATHLEEN LARU (Name of Circulator) (certify): I reside at 720 Cleveland Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Kathleen Laru
(Signature of Circulator)

Page No. (Official Use Only)
1378

Circulators, please include

Phone (262)

Email km

K30

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jo Ann Broikier	<i>Jo Ann Broikier</i>	Street: 1713 Russet St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: threed Phone: 262
2. NISHAN J. HACHERIAN	<i>Nishan J. Hacharian</i>	Street: 1663 Russet St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: (262
3. Sara Santos	<i>Sara Santos</i>	Street: 2818 LaSalle St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: (
4. Tim Diebold	<i>Tim Diebold</i>	Street: 2415 18th City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: +10 Phone: (262
5. JACQUELINE LAMBERT	<i>JL</i>	Street: 2057 Shoop St City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email: (262
6. RENEE Bislew	<i>Renee Bislew</i>	Street: 2230 Washington Ave City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email: (262
7. Mark Hackman	<i>Mark Hackman</i>	Street: 2830 Cecilia Park Dr City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: mark.ha Phone: (262
8. PAUL BURKE	<i>Paul Burke</i>	Street: 1732 Arcturus Ave City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email: Stogrand Phone: (262
9. Ruth-Ellen Vilmann	<i>Ruth-Ellen Vilmann</i>	Street: 2823 Cottage Dr City: Mt. Pleasant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email: (
10. DONNA J ANDERSON	<i>Donna J Anderson</i>	Street: 4104 NANTUCKET PL City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT PLEASANT <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email: (262

Certification of Circulator

I, NANCY C. SULLIVAN, (certify): I reside at 1822 College Ave. Racine
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
 (Month) (Day) (Year)

Nancy C. Sullivan
 (Signature of Circulator)

Page No. (Official Use Only)

1379

Circulators

Phone

Email

K30

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:

Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. CAROL Stickle	<i>Carol Stickle</i>	Street: 6012 Grove Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email: <i>gemin</i> Phone: (262) 48
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone: ()

Certification of Circulator

I, Emily Pelky, (certify): I reside at 4745 Tangelwood Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators, please in

Phone
Email

11 / 16 / 2011
(Month) (Day) (Year)

Emily Pelky
(Signature of Circulator)

Page No. (Official Use Only)

1380

K3019-1

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Benjamin Hall	<i>B. Hall</i>	Street: 3638 Raynor Ave City: Franksville Zip: 53126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	11/11/2011 (Month) (Day) (Year)	Email Phone
2. Anthony Bislaw	<i>Anthony Bislaw</i>	Street: 2230 Washington Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Julie L. Hackman	<i>Julie L. Hackman</i>	Street: 2830 Cecelia Park DR City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Boyd Schwartz	<i>Boyd Schwartz</i>	Street: 1732 ARCTURUS AVE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone (762)
5. Madelyn Lipke	<i>M. Lipke</i>	Street: 2823 Cottage Dr City: Sturtevant, WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mantoloking	11/16/2011 (Month) (Day) (Year)	Email Phone
6. RONALD J Edwards	<i>Ronald J Edwards</i>	Street: 1723 BLAINE AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone Edd
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Emily Pelky, (certify): I reside at 4745 Tanglewood Ave CALEDONIA
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 16 20 11
(Month) (Day) (Year)

Emily J. Pelky
(Signature of Circulator)

Page No. (Official Use Only)
 # 1381

Circulators
 Phone
 Email

K3019-

Return
Committee
PO Box
Madison

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District, Wisconsin, hereby certify that we are electors of the 21st State Senate District, Wisconsin, and we support Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Debra Beaty	Debra Beaty	Street: 7605 Four Mile Rd. City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)
2. FIDES WAGNER RICHARDSON	Fides Wagner Richardson	Street: 1102 Mound Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
3. Edward R. Foster	Edward R. Foster	Street: 1641 Carlton Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
4. Cullen Brookings	C. Brookings	Street: 1948 Neptune Ave City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
5. GLORIA C. POTRYKUS	Gloria C. Potrykus	Street: 3417 N. MAIN ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)
6. RICHARD E. HANSEN	Richard E. Hansen	Street: 2541 RIDGEMOOD AVE City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)
7. JOHN K. FARRENES	John K. Farnes	Street: 1521 HARMONY City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Beth Pramme (Name of Circulator), certify: I reside at 815 8th St #213 (Circulator's Residence - Street name and Number) City of Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 16 / 2011 (Month) (Day) (Year)

Beth Pramme (Signature of Circulator)

Page No. (Official Use Only)
1382

Circulators, please include

Phone
()
Email

K3036

7/7

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Glen Hargraves		Street: 7410 Lakeshore Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Cynthia Hargraves		Street: 7410 Lakeshore Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>
3. Endell Williams		Street: 1012 Pearl St City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Andrew Simon		Street: 2210 Newman City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 <small>(Month) (Day) (Year)</small>
5. Jean Domine		Street: 1105 Yout St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
6. PATRICK MAMEROW		Street: 413 NORTH GREEN BAY RD City: RACINE Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALLEDONIA	11/16/2011 <small>(Month) (Day) (Year)</small>
7. Brittany Mason		Street: 2101 Loyard Avenue #8 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
8. Willa Dent		Street: 3810 Washington Ave (L) City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
9. Terry L. Lewis		Street: 1410-11 1/2 Street City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
10. Diane Rosenfeldt		Street: 2064 Douglas Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>

I, Richard A. Glosenapp, (certify): I reside at 813 Echo Lane Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 16 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1383

Circulators, please include:
 Phone 262
 Email rgl@asc

K

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 2
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Dianne Palmgren	<i>Dianne Palmgren</i>	Street: 8309 Amber Cir City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
2. John Palmgren	<i>John Palmgren</i>	Street: 8309 Amber circle City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
3. GLADYS V. BALDE	<i>Gladys V. Balde</i>	Street: 9700 Rayne Rd. Unit 3 City: Sturtevant, WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
4. James Moore	<i>James Moore</i>	Street: 917 Racine St City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
5. Cynthia J. Turner	<i>Cynthia J. Turner</i>	Street: 1104 Layard Ave City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
6. Kevin DeBauche	<i>Kevin DeBauche</i>	Street: 5727 Regency Hills Dr. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
7. Debra Gorman	<i>Debra Gorman</i>	Street: 701 Shoreland DR City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
8. Denise A Cruz	<i>Denise A Cruz</i>	Street: 2405 Mt Pleasant St City: RACINE WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone 262.63
9. MICHAEL R. ANTON	<i>Michael R. Anton</i>	Street: 2704 Bate Street. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Richard A. Glasenapp, (certify): I reside at 813 Echo lane Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov, 16, 2011
(Month) (Day) (Year)

Richard A. Glasenapp
(Signature of Circulator)

Page No. (Official Use Only)
1384

Circulators, please include

Phone 262
Email rgl95

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Carol Phakoush		Street: 1905 N. Green Bay Rd City: Mt. Pleasant Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Vonthave Sisaeng		Street: 4210 Canterbury Ln City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Kaewuthai Erickson		Street: 5010 Biscayne City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Minh Pham		Street: 5822 Regency Hills DR City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. MICHAEL KRAHN		Street: 2324 GILSON ST City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. Katherine Schiro		Street: 1218 Kentucky City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. MICHAEL C. SCHIRO		Street: 1218 Kentucky ST City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. WAYNE PETERSON		Street: 940 PRAIRIE DR #29 City: MT PLEASANT Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. TONY LEMKE		Street: 2017 TAYLOR AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Matt Johnson		Street: 2622 Lakeshore Dr. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Laura Betker, (certify): I reside at 2320 Gilson Street Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
 # 1385

K3051

Circulator
 Phone
 Email

10/10

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:

Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Mrs Ardie M. Triggs	Mrs Ardie M. Triggs	Street: 2800 Racine Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Gregor L. Brasune	Gregor L. Brasune	Street: 1330 Timmie City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mount Pleasant <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 48
3. Dean W. Christensen	Dean W. Christensen	Street: 2200 Airline Rd City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 88
4. PHILLIP J. DACENO	Phillip J. Daceno	Street: 1254 1/2 Russett St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
5. MARGERY J. SMITH	Margery J. Smith	Street: 3042 ERIE ST. City: RACINE, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
6. Cheryl A. Miller	Cheryl A. Miller	Street: 2329 Dwight St. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
7. CAROL A. DACENO	Carol A. Daceno	Street: 1254 1/2 Russett St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6
8. Arthur J. Marinello	Arthur J. Marinello	Street: 1123 New Street City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Union Grove <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 9
9. Cristina Fill	Cristina Fill	Street: 5720 Wind Point Rd. City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wind Point <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 9
10. Lynns C. Lalar	Lynns C. Lalar	Street: 4819 KINCIE AVE City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 6

Certification of Circulator

I, KAREN GLASENAPP, (certify): I reside at 813 Echo Ln Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators, please include:

Phone

(262)

Email

rglasen

2

K304

11/16/2011
(Month) (Day) (Year)

KAREN GLASENAPP
(Signature of Circulator)

Page No. (Official Use Only)

1386

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Frank Puzbyl	[Signature]	Street: 1431 ISABELLE AV City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) 6
2. Catherine Mamerow	[Signature]	Street: 4138 N Green Bay Rd City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) 6
3. Ida Chambliss	[Signature]	Street: 3810 Washington Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) 6
4. Ronnie Quella	[Signature]	Street: 1243 Arthur Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) 6
5. Robert Hutton	[Signature]	Street: 1212 Wright Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) 6
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, KAREN GLASSNAPP (Name of Circulator), (certify): I reside at 813 Echo Ln (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Karen Glassnapp
(Signature of Circulator)

Page No. (Official Use Only)

1387

Circulators, please in

Phone

Email

Rglassn

K

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Angelique Barghout	<i>Angi Barghout</i>	Street: 2315 Washington Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone
2. JOEY RILEY	<i>Joey Riley</i>	Street: 2019 Mt Pleasant City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone
3. MARIN ROCHA JR	<i>Marin Rocha Jr</i>	Street: 1315 DR MARTIN LUTHER KING City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE MO	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Jeremiah Riedler	<i>Jeremiah Riedler</i>	Street: 3208 Meacham Rd. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE MO	11/15/2011 (Month) (Day) (Year)	Email Phone
5. SUSAN FERGUS	<i>Susan Fergus</i>	Street: 5411 W. Branva Tr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/15/2011 (Month) (Day) (Year)	Email Phone
6. MARIA MATTINGLY	<i>Maria Mattingly</i>	Street: 6850 Novak Rd City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town M8 <input type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Melissa Taylor	<i>Melissa Taylor</i>	Street: 1842 Park Ave City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone
8. MICHAEL RODRIGUEZ	<i>Michael Rodriguez</i>	Street: 1100 N. Oregon St City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Angela Kyles	<i>Angela Kyles</i>	Street: 1310 Russet St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Robert K Weber	<i>Robert K Weber</i>	Street: 3042 Chatham 53402 City: Racine, WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, MICHAEL A. FRONTIER, (certify): I reside at 1127 Lake RACINE MO
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael A. Frontier
(Signature of Circulator)

Page No. (Official Use Only)
 # 1388

Circulators
 Phone
 Email

K3450

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Anthony Heider		Street: 2008 Lawn St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Mario Aranda		Street: 2126 Superior City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Nathan Schneiderman		Street: 322 30th Ave City: Kenosha Zip: 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Carl Lindner		Street: 507 Sara Lane City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. T. Koxe		Street: 21103 BLINDMAN City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. DAVID KARWOWSKI		Street: 2813 FLEETWOOD DR City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

I, MICHAEL A. FRONTIER, Certification of Circulator 1127 LAKE AVE RACINE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)
 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
 # 1389

Circulators
 Phone
 Email

K3450

Return by
Committee
PO Box 25
Madison, V

Committee
PO Box 25
Madison, V

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					Madison, V
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Diane L Seymour	<i>Diane L Seymour</i>	Street: 805 Orchard St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
2. John L Plush	<i>John L Plush</i>	Street: 13 Oregon St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
3. Terri L Plush	<i>Terri L Plush</i>	Street: 13 Oregon City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
4. Michael Schneider	<i>Michael Schneider</i>	Street: 3633 Kingsberry St. City: Racine Zip: 53400	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/20/2011 (Month) (Day) (Year)	Email Phone ()
5. Janis Barker	<i>Janis Barker</i>	Street: 1222 Cleveland City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
6. GAIL JONES	<i>Gail Jones</i>	Street: 610 ARTHUR AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)	Email Phone ()
7. Jaileesa Curtis-Coleman	<i>Jaileesa Curtis-Coleman</i>	Street: 7002 1st St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
8. Jasmine Curtis Coleman	<i>Jasmine Curtis Coleman</i>	Street: 7002 1st City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
9. Jeffrey Leek	<i>Jeffrey Leek</i>	Street: 1609 Ellis Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
10. Juan Cervantes	<i>Juan Cervantes</i>	Street: Monterey Rd. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Benjamin K. 2d, (certify): I reside at 3009 Chatham St City of Racine

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 20 / 20

(Month) (Day) (Year)

[Signature]

(Signature of Circulator)

Page No. (Official Use Only)
1390

Circulators, please include:

Phone	(205)
Email	

K1397

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Suzanne Schmitt	<i>Suzanne Schmitt</i>	Street: 914 Madison Ln City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. JUANITA BERNAL	<i>Juanita Bernal</i>	Street: 3204 KINZIE City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Christopher Bernal	<i>Chris Bernal</i>	Street: Racine City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

I, Benjamin Kidd, (certify): I reside at 3009 Chatham St City of Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 20 / 2011 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1391

Circulators, please include
Phone (205)
Email

K13 974

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Kathryn L Daniel	<i>Kathryn L Daniel</i>	Street: 823 Kout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 962
2. Larissa Craig	<i>Larissa Craig</i>	Street: 4043 Marquette Dr. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 962
3. JOHN MOORE	<i>John Moore</i>	Street: 823 KOUT ST. City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)	Email Phone (262) 962
4. EMMETT WILSON (with)	<i>Emmett Wilson</i>	Street: 2214 Washington Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone (262) 962
5. Shikema Williams	<i>Shikema Williams</i>	Street: 1714 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone (262) 962
6. Daphne Baker	<i>Daphne Baker</i>	Street: 1714 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone (262) 962
7. Dennis Griffin	<i>Dennis Griffin</i>	Street: 1913 Center St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone (262) 962
8. Derron Koonce	<i>Derron Koonce</i>	Street: 1522 Winslow City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone (262) 962
9. Kevin Showers	<i>Kevin Showers</i>	Street: Mitchell St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone (262) 962
10. Ashann McKinney	<i>Ashann McKinney</i>	Street: 1955 Taylor Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone (262) 962

Certification of Circulator

I, Larissa Craig, (certify): I reside at 4043 Marquette Dr. Racine
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/22/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1392

Circulators
Phone
Email

K23656

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ann M. Brehm	<i>Ann M. Brehm</i>	Street: 6410 Pheasant Creek Trl City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/20/2011 (Month) (Day) (Year)
2. STUART P. DOWGLAS	<i>Stuart P. Douglas</i>	Street: 708 Ohio St City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine, WI	11/20/2011 (Month) (Day) (Year)
3. Kari Dawson	<i>Kari Dawson</i>	Street: 9918 Jasmine Ct City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/20/2011 (Month) (Day) (Year)
4. Sandra Johnson	<i>Sandra Johnson</i>	Street: 758 Hunter Dr City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/20/2011 (Month) (Day) (Year)
5. Tom Stachow	<i>Tom Stachow</i>	Street: 5713 Bradford Dr City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/20/2011 (Month) (Day) (Year)
6. Dianne Flannery	<i>Dianne Flannery</i>	Street: 7921 Gina Dr City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	11/20/2011 (Month) (Day) (Year)
7. Jesse F Hess	<i>Jesse F. Hess</i>	Street: 1345 Monroe Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
8. Joanne Jensen	<i>Joanne Jensen</i>	Street: 1106 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
9. Helene E Wasik	<i>Helene E. Wasik</i>	Street: 430 West Blvd City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)
10. Arthur Pelzke	<i>Arthur Pelzke</i>	Street: 2037 Golf Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)

Certification of Circulator

I, Joan Bennett, (certify): I reside at 700 carton Dr Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 20 / 2011
(Month) (Day) (Year)

Joan Bennett
(Signature of Circulator)

Page No. (Official Use Only)
1393

Circulators
Phone
Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lisa McIntosh	<i>Lisa McIntosh</i>	Street: 2804 Green St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
2. Cathy Oswald	<i>Cathy Oswald</i>	Street: 445 S Greenbay City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/20/2011 (Month) (Day) (Year)
3. Toni Holton	<i>Toni Holt</i>	Street: 1612 Flett Av City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
4. Shawn Kluwning	<i>Shawn Kluwning</i>	Street: 9356 Old Spring St. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/20/2011 (Month) (Day) (Year)
5. Gregg Gulbrandsen	<i>Gregg S.</i>	Street: 14314 58th Rd. City: Shoreview Zip: 55177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shoreview	11/20/2011 (Month) (Day) (Year)
6. Nancy Kolls	<i>Nancy Kolls</i>	Street: 6321 Partridge Hill Dr City: Mount Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/20/2011 (Month) (Day) (Year)
7. JAYME MARESH	<i>Jayme Marsh</i>	Street: 411 LATHROP AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
8. Shirley Dawkins	<i>Shirley Dawkins</i>	Street: 5101 Wright Ave #139 City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
9. Dwight Anderson	<i>Dwight Anderson</i>	Street: 3020 Wright Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
10. NANCY E SCHAFFER	<i>Nancy E Schaffer</i>	Street: 1131 S. MAIN #212 City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)

I, Joan Bennett, (certify): I reside at 700 Carlton Dr Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 20 / 2011
(Month) (Day) (Year)

Joan Bennett
(Signature of Circulator)

Page No. (Official Use Only)
1394

Circulator
Phone
Email

K

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Cassandra Gray-Carter	<i>Cassandra Gray-Carter</i>	Street: 878 Jackson St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
2. Catherine Possing	<i>Catherine Possing</i>	Street: 2814 Blaine City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
3. Ed Possing	<i>Ed Possing</i>	Street: 2814 Blaine City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
4. Jenelle Campos	<i>Jenelle Campos</i>	Street: Racine 53405 City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
5. Judy Warner	<i>Judy Warner</i>	Street: 1023 Indiana City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Joan Bennett (Name of Circulator), (certify): I reside at 700 Carlton Dr (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/20 12011
(Month) (Day) (Year)

Joan Bennett
(Signature of Circulator)

Page No. (Official Use Only)
1395

Circulator's
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. William Butler	<i>[Signature]</i>	Street: 315 Keweenaw City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
2. Michael Brasted	<i>[Signature]</i>	Street: 282891st Street City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/23/2011 <small>(Month) (Day) (Year)</small>
3. MARK CRESS	<i>[Signature]</i>	Street: 1644 KEARNEY AVE. City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
4. ROBERT NELSON	<i>[Signature]</i>	Street: 2106 Arlington AV City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
5. Beardsley Michael	<i>[Signature]</i>	Street: 2035 Carter St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
6. Andrea Pierce	<i>[Signature]</i>	Street: 5831 4 Mile Rd City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
7. Abel Torres	<i>[Signature]</i>	Street: Racine St. 2226 City: Mt. Pleasant Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>
8. John Pomey	<i>[Signature]</i>	Street: 8517 Broadway DR City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/23/2011 <small>(Month) (Day) (Year)</small>
9. Aaron Lunn	<i>[Signature]</i>	Street: 8608 CITADEL TERR. City: STURTEVANT Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Margaret McHenry Maurer	<i>[Signature]</i>	Street: 2516 Arlington Ave 53403 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Robin Dahl, (certify): I reside at 3100 S. Green Bay Rd. Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 23, 2011
(Month) (Day) (Year)

Robin Dahl
(Signature of Circulator)

Page No. (Official Use Only)
 # 1396

K23

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.		Street: 4848 High Meadows Ter. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: 4931 S Old Green Bay Rd City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: 1538 Grove Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: 812 Virginia St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: 426 Zonia St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: 5539 Byrd Ave #202 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: 3134 Douglas Ave #711 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: 1104 Douglas Ave. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Robin Dahl, (certify): I reside at 3100 S. Green Bay Rd. Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 20
(Month) (Day) (Year)

Robin Dahl
(Signature of Circulator)

Page No. (Official Use Only)
 # 1397

K23

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. David E. Simington	<i>DE Simington</i>	Street: 4100 Olive St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Gloria Salinas	<i>Gloria Salinas</i>	Street: 1407 Erie St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Michele Thomas	<i>M. Thomas</i>	Street: 1029 Hayes Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Yolanda Sibley	<i>Yolanda Sibley</i>	Street: 5135 Byron Ave #2 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Debra A Schweitzer	<i>Debra A. Schweitzer</i>	Street: 2819 Charles St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Tracy Schweitzer	<i>Tracy Schweitzer</i>	Street: 2819 Charles St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Luzbina McLean	<i>Luzbina McLean</i>	Street: 2104 Kinzie Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Timothy Wilson	<i>Timothy Wilson</i>	Street: 1431 Oakdale Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Melanie Shelton	<i>Melanie Shelton</i>	Street: 419 1/2 North Memorial Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone 262
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Robin Dahl, (certify): I reside at 3100 S. Green Bay Rd. Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 23, 2011
(Month) (Day) (Year)

Robin Dahl
(Signature of Circulator)

Page No. (Official Use Only)
 # 1398

Circulator

K

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Terry Meyers	Terry Meyers	Street: 4910 Carter Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/20/2011 (Month) (Day) (Year)
2. Rose Meyers	Rose Meyers	Street: 4910 Carter Dr City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/20/2011 (Month) (Day) (Year)
3. Sharon Morgan	Sharon Morgan	Street: 6951 Beechnut Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/20/2011 (Month) (Day) (Year)
4. ALFRED ANDERSEN	Alfred Andersen	Street: 1924 Juniper Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Judith M Buscarow (Name of Circulator) (certify): I reside at 1419 Echo Lane (Circulator's Residence - Street name and Number) City of Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/20/2011
(Month) (Day) (Year)

Judith M Buscarow
(Signature of Circulator)

Page No. (Official Use Only)

1399

Circulators

Phone

Email

K13

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Dana Christensen		Street: 3440 Stratford Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>	Email
2. WILLIAM CHRISTENSEN		Street: 3440 STRATFORD AVE City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/18/2011 <small>(Month) (Day) (Year)</small>	Phone
3. Karen D. Christensen		Street: 3440 Stratford Ave. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>	Phone
4. Teresa Christensen		Street: 3440 Stratford City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>	Email
5. Vickie Siepler		Street: 1824 Superior St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>	Phone
6. Robert McQueen		Street: 3054 N. Wisconsin St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>	Phone
7. JAMES TOMASEK		Street: 1917 MEPTUNE AVE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone
8. GERALDINE TOMASEK		Street: 1700 CA BECKER City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Phone

Certification of Circulator

I, Dana Christensen, (certify): I reside at 3440 Stratford Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
 # 1400

K23